

ELECTIVE (SSC5b) REPORT (1200 words)

A report that addresses the above four objectives should be written below. Your Elective supervisor will assess this.

During my medical elective, I spent 6 weeks at Bayview hospital in Barbados.

Barbados is an island in the lesser Antilles in the Caribbean region of North America with a population of 277,821. The capital of Barbados is Bridgetown. The country is sub-divided into 11 parishes and Bridgetown is within St Michael parish.

Barbadian citizens are covered by the national healthcare service. The main government hospital is Queen Elizabeth Hospital (QEH) in Bridgetown. QEH was opened in 1964 and have since expanded their bed capacity from 464 beds to 600 beds. QEH offers care in areas such as obstetrics and gynaecology, paediatrics, radiology, gastroenterology etc. The hospital is also an accredited teaching hospital associated with the University of the West Indies and Cave Hill campus.

In the public health sector, there are also 8 government Polyclinics providing free and easily accessible medical treatment for minor problems. In addition to the public healthcare, there are several private clinics across the island. Like the UK, some patients choose private healthcare to avoid the long waiting periods for consultations or surgical procedures. For my elective, I spent time at one of their private hospitals, Bayview hospital. Bayview has highly trained doctors and nurses offering care in general surgery, ENT surgery, obstetrics and gynaecology etc.

For my electives, I wanted to compare the NHS antenatal screening service in the UK to that in Barbados.

The aim of antenatal care is: (1) to identify and manage any disease in the mother (2) monitor fetal well-being (3) prepare mother for delivery. The antenatal screening service provided in Barbados is similar to that in the UK. Women are given several appointments during their pregnancy to assess health of mum, give information and monitor fetal growth. The schedule includes first booking appointment (prior to 12 weeks), week 16, 21, 25, 28, 31, 34, 36, 38, 39, 40 and 41.

At the first visit, mum is assessed to identify any risk factors and important investigation such as checking blood group and Rh status, inherited diseases (e.g. Sickle cell) and testing for HIV and syphilis is arranged for the women. In the UK, one of the important appointment arranged is the combined test to assess the risk of Down's, Edwards, Patau syndrome. However, in Barbados, the combined test is not available in public healthcare therefore patients who wish to have this test, usually have to go private. In the UK, women with pre-existing diabetes are offered diabetic eye screening when they first present for care to rule out diabetic retinopathy. This diabetic eye screening is not offered in Barbados.

Similar to the UK, at each visit, basic assessment such as blood pressure and urinalysis for proteinuria is done to identify and treat pre-eclampsia or eclampsia. As the pregnancy progresses, symphysis-fundal height is also measured to assess fetal growth.

In the UK, women are offered anomaly scan at 18-21wks to identify anomalies such as spina bifida, heart diseases. This scan is also not offered in public healthcare but it is available in private

healthcare. Generally, the antenatal screening service provided in Barbados is very similar to that UK with some minor differences.

In UK, women are categorised as a high risk if (1) age > 35 (2) previous abnormal baby (3) FHx of inherited condition (4) History of VTE/thrombophilia (5) DM/History of gestational diabetes (6) Pre-eclampsia/eclampsia (7) Pregnancy induced hypertension (8) Twin pregnancy. These women are given specialised care with MDT input to ensure management is maximised throughout pregnancy. In Barbados, the pathway is similar to the UK. Women who are identified to have any pre-existing conditions are given appropriate advice early in the pregnancy. They are also scheduled to see the consultant more regularly than women in low risk pregnancies.

The RCOG framework for maternity service was set up to ensure service providers to improve outcome and reduce variation in health care. For antenatal service, it is recommended that all women have a named midwife throughout their pregnancy. In the UK, women have 'shared obstetric care' and so most of their antenatal care is from the community midwife with limited (or no) visits to the hospital to the consultant. In Barbados, shared obstetric care applies in the public sector however women are not assigned a midwife as they do in the UK. When women go in for their antenatal care, they see any midwife available. In the private sector, women see the consultants for their antenatal care regardless of whether it is low/high risk.

The framework also recommends a clear referral pathway to appropriate MDT or specialist team for women identified to have pre-existing medical conditions or complications during their pregnancy. Both the antenatal care service provided in the UK and Barbados have a system in place to allow appropriate referral when necessary.

Furthermore, it recommends that screening for factors which can impact the outcome of pregnancy are put in place. Similarly, to the UK, antenatal service in Barbados have screening programmes such as gestational diabetes for women who are deemed at high to prevent diabetes associated complications in pregnancy.

For medical complexity, the framework recommends that all women have a comprehensive risk assessment at their booking appointment to ensure that all issues are dealt with. This criterion is met in the UK and Barbados during the first antenatal appointment.

Another important criterion in the framework is the importance of pre-pregnancy counselling for women with pre-existing medical conditions with an experienced physician before conception and before 20 weeks gestation. In the UK, women with conditions such as diabetes are advised to have pre-pregnancy counselling to ensure blood glucose are in the normal range before conception. However, in Barbados, this service is not offered before pregnancy. I was informed by a midwife that this is due to most pregnancy not being planned. But in the most part, it is not part of their antenatal care to offer pre-pregnancy counselling to women with pre-existing conditions.

It is evident that the antenatal care offered in the Barbados is similar to that in the UK with slight differences. The most striking difference is the finding that combined test and anomaly scan is not free for expecting mothers. Although it is recommended at a fee, it highlights some of the important benefits of the NHS in the UK compared to other countries.

The WHO recommendation on antenatal care is to ensure quality of care throughout pregnancy. The first topic covered in the recommendation is nutritional intervention which covers advising women to eat healthy and keep physically active during their pregnancy. It also advises that women are started on iron tablets and folic acid at the beginning of their pregnancy. In Barbados, women undergo comprehensive risk assessment and counselling at their first booking visit of their antenatal care, and they are given lifestyle advice including healthy diet and smoking cessation. Women are also started on folic acid and oral iron tablets to reduce the risk maternal anaemia and fetal abnormalities.

The second topic covered is maternal and fetal assessment which includes investigation for anaemia, UTI, gestational diabetes, HIV, syphilis. In Barbados, women have several investigations carried out at their first visit including FBC, HIV and syphilis to identify anaemia/infectious disease and treat accordingly. A urine dip is done every visit to identify and treat asymptomatic bacteriuria.

The third topic fetal assessment which highlights the importance of measuring fetal growth. In Barbados, during each antenatal visit, symphysis-fundal height is measured to monitor fetal growth.

Generally, most of the WHO recommendations are implemented in the antenatal care in Barbados.